

DO NOT WRITE IN THIS SPACE

Incident Report

Investigation Completed
Investigation Made at Scene
Photographs

Y N Revised Fatality Hit and Run

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

(1) Reporting Agency Case Number (Agency Use) Motor Vehicles Involved Number Injured Number Killed
(2) Date of Collision (mm/dd/yyyy) Time County Number and Name Nearest City or Town Number and Name
(3) Distance from Nearest City or Town Limits Control # Int ID Location East Grid North Grid Administrative
(4) Street, Road or Highway Distance from (Nearest) Intersecting Street, Road or Highway
(5) Unit Occupants Type Hit & Run CMV Last Name First Middle Date of Birth (mm/dd/yyyy) Sex
(6) Address City State Zip Telephone (Use Area Code)
(7) Driver License Number State Class Endorsement(s) Restriction(s) Inj. Sev. Type of Injury Drv./Ped. Cond. OP Use
(8) Ejected Extricated Test (% BAC) Transported by To Medical Facility License Plate Number State Month Year
Air Bag 0.
(9) VIN Vehicle Year Color 2nd Color Make Model Veh. Conf. Extent of Damage
(10) Insurance Company Name Policy Number Insurance Telephone (Use Area Code)
(11) Vehicle Removed by Driver Owner's Last Name First Middle Initial Same as Driver
(12) Owner's Address City State Zip Towed Veh. Type Oversized Load Rolled Burned Phone present Phone in use
(13) Citation Number Statute/Ordinance Number Citation Number Statute/Ordinance Number
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(23) Investigating Officer Badge Number Troop/Div. Reviewed by (Init.) Reviewer Badge Number Date of Report (mm/dd/yyyy)
Unit Type Injury Severity Type of Injury Driver/Pedestrian Condition Occupant Protection (OP) In Use
D Driver Z Other Cyclist 0 N/A 4 Suspected 0 N/A 3 Trunk - 00 Not Applicable 05 Under the 08 Ill (Sick) 00 Not Applicable 05 Child Restraint Type Unknown 10 Booster Seat
P Pedestrian C Parked Car 1 No Injury 1 Head Internal 01 Apparently Normal 09 Influence of 09 Dizzy/Faint 01 None Used 06 Restraint Used - Type Unknown 11 Other
X Pedestrian A Animal 2 Possible 5 Fatal 2 Trunk - 4 Arms 02 Drinking - Ability Impaired Medications 10 Emotional 02 Lap Belt Only 07 Helmet 09 Unknown
Conveyance T Train 3 Non - 3 Non - 3 External 5 Legs 03 Odor of Alcohol Beverage 06 Very Tired 11 Other 03 Shoulder Belt Only 08 Child Restraint - Forward Facing
B Bicyclist 9 incapacitating 9 Unknown 9 Unknown 04 Illegal Drugs 07 Sleepy 99 Unknown 04 Shoulder and Lap Belt 09 Child Restraint - Rear Facing

(24) Unit	<input type="checkbox"/> Injured <input type="checkbox"/> Witness	<input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner	Pos in Veh.	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)	Sex	
(25) Address	City			State	Zip	Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>									
(26) Injury Severity / Type	OP Use	Air Bag Ejected	Extricated	Transported by			To Medical Facility		Property Type
(27) Unit	<input type="checkbox"/> Injured <input type="checkbox"/> Witness	<input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner	Pos in Veh.	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)	Sex	
(28) Address	City			State	Zip	Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>									
(29) Injury Severity / Type	OP Use	Air Bag Ejected	Extricated	Transported by			To Medical Facility		Property Type
(30) Unit	<input type="checkbox"/> Injured <input type="checkbox"/> Witness	<input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner	Pos in Veh.	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)	Sex	
(31) Address	City			State	Zip	Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>									
(32) Injury Severity / Type	OP Use	Air Bag Ejected	Extricated	Transported by			To Medical Facility		Property Type
(33) Unit	<input type="checkbox"/> Injured <input type="checkbox"/> Witness	<input type="checkbox"/> Passenger <input type="checkbox"/> Prop. Owner	Pos in Veh.	Last Name	First	Middle Initial	Date of Birth (mm/dd/yyyy)	Sex	
(34) Address	City			State	Zip	Telephone (Use Area Code)			
Same as Driver <input type="checkbox"/>									
(35) Injury Severity / Type	OP Use	Air Bag Ejected	Extricated	Transported by			To Medical Facility		Property Type

Complete information below if this vehicle is being used for COMMERCE/BUSINESS and has a GVWR/GCWR IN EXCESS OF 10,000 LBS., or has a HAZMAT PLACARD, or is a BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER

(36) Unit	Carrier Name	Address
(37) City	State	Zip
(38) U.S. DOT Number	NASI Report Number	Placard Number
	OK	
(39) Unit	Carrier Name	Address
(40) City	State	Zip
(41) U.S. DOT Number	NASI Report Number	Placard Number
	OK	

<h3>Position in Vehicle</h3> <p>00. Not Applicable 18. Front Row - Other 28. Second Row - Other 38. Third Row - Other 48. Fourth Row - Other 50. Sleeper Section of Truck Cab</p> <p>See manual for additional seating examples</p>	<h3>Vehicle Configuration</h3> <table style="width:100%;"> <tr> <td>00. N/A</td> <td>07. School Bus</td> <td>13. Bus/Large Van 9-15 occupants including driver</td> <td>18. Farm Machinery</td> </tr> <tr> <td>01. Passenger Veh.-2 Dr</td> <td>08. Truck/Trailer</td> <td>14. Bus 16+ occupants including driver</td> <td>19. ATV</td> </tr> <tr> <td>02. Passenger Veh.-4 Dr</td> <td>09. Truck-Tractor (Bobtail)</td> <td>15. Motorcycle</td> <td>20. SUV</td> </tr> <tr> <td>03. Passenger Veh. Conv.</td> <td>10. Truck-Tractor/Semi-Trailer</td> <td>16. Motor Scooter/Moped</td> <td>21. Passenger Van</td> </tr> <tr> <td>04. Pickup</td> <td>11. Truck-Tractor/Double</td> <td>17. Motor Home</td> <td>22. Truck more than 10,000 lbs., Cannot Classify</td> </tr> <tr> <td>05. Single Unit Truck, 2 axles</td> <td>12. Truck-Tractor/Triple</td> <td>23. Van 10,000 lbs. or Less</td> <td>24. Other</td> </tr> <tr> <td>06. Single Unit Truck, 3+ axles</td> <td> </td> <td>99. Unknown</td> <td> </td> </tr> </table>	00. N/A	07. School Bus	13. Bus/Large Van 9-15 occupants including driver	18. Farm Machinery	01. Passenger Veh.-2 Dr	08. Truck/Trailer	14. Bus 16+ occupants including driver	19. ATV	02. Passenger Veh.-4 Dr	09. Truck-Tractor (Bobtail)	15. Motorcycle	20. SUV	03. Passenger Veh. Conv.	10. Truck-Tractor/Semi-Trailer	16. Motor Scooter/Moped	21. Passenger Van	04. Pickup	11. Truck-Tractor/Double	17. Motor Home	22. Truck more than 10,000 lbs., Cannot Classify	05. Single Unit Truck, 2 axles	12. Truck-Tractor/Triple	23. Van 10,000 lbs. or Less	24. Other	06. Single Unit Truck, 3+ axles		99. Unknown		<h3>Cargo Body Type</h3> <table style="width:100%;"> <tr> <td>00. N/A</td> <td>06. Intermodal</td> <td>11. Hopper (grain/chips/gravel)</td> </tr> <tr> <td>01. Bus 9-15 seats</td> <td>07. Dump Truck/Trailer</td> <td>12. Pole Trailer</td> </tr> <tr> <td>02. Bus 16+ seats</td> <td>08. Concrete Mixer</td> <td>13. Log Trailer</td> </tr> <tr> <td>03. Van / Enclosed Box / Stock Trailer</td> <td>09. Auto Transporter</td> <td>14. Vehicle Towing Vehicle</td> </tr> <tr> <td>04. Cargo Tank</td> <td>10. Garbage/Refuse</td> <td>15. Other</td> </tr> <tr> <td>05. Flatbed</td> <td> </td> <td> </td> </tr> </table>	00. N/A	06. Intermodal	11. Hopper (grain/chips/gravel)	01. Bus 9-15 seats	07. Dump Truck/Trailer	12. Pole Trailer	02. Bus 16+ seats	08. Concrete Mixer	13. Log Trailer	03. Van / Enclosed Box / Stock Trailer	09. Auto Transporter	14. Vehicle Towing Vehicle	04. Cargo Tank	10. Garbage/Refuse	15. Other	05. Flatbed		
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Unit	Total Lanes in Roadway	Legal Speed	Pedestrian / Pedalcyclist Only			
			Actions Prior to Collision	Location at Time of Collision	Safety Equip.	Unit Number of Vehicle Striking
This unit will correspond to 'Unit 1'	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
This unit will correspond to 'Unit 2'	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section) Yes No

Type of Work Zone	Location of the Work Zone Collision
1 Lane Closure	1 Before the First Work Zone Warning Sign
2 Lane Shift/Crossover	2 Advance Warning Area
3 Work on Shoulder or Median	3 Transition Area
4 Intermittent or Moving Work	4 Activity Area
9 Unknown	5 Termination Area
	9 Unknown

Workers Present Yes No Unknown

Light	What Vehicle Was Going to Do	Unit 1	Unit 2
1 Daylight	00 Not Applicable	<input type="text"/>	<input type="text"/>
2 Dark-Not Lighted	01 Go Ahead	<input type="text"/>	<input type="text"/>
3 Dark-Lighted	02 Turn Left	<input type="text"/>	<input type="text"/>
4 Dawn	03 Turn Right	<input type="text"/>	<input type="text"/>
5 Dusk	04 Make "U" Turn	<input type="text"/>	<input type="text"/>
6 Dark-Unknown Lighting	05 Stop	<input type="text"/>	<input type="text"/>
7 Other	06 Slow for Cause	<input type="text"/>	<input type="text"/>
9 Unknown	07 Start from Park/Stop	<input type="text"/>	<input type="text"/>
	08 Change Lanes	<input type="text"/>	<input type="text"/>
	09 Overtake	<input type="text"/>	<input type="text"/>
	10 Pass	<input type="text"/>	<input type="text"/>
	11 Back	<input type="text"/>	<input type="text"/>
	12 Remain Stopped	<input type="text"/>	<input type="text"/>
	13 Remain Parked	<input type="text"/>	<input type="text"/>
	14 Enter/Merge in Traffic	<input type="text"/>	<input type="text"/>
	15 Negotiate a Curve	<input type="text"/>	<input type="text"/>
	16 Park	<input type="text"/>	<input type="text"/>
	17 Other	<input type="text"/>	<input type="text"/>
	99 Unknown	<input type="text"/>	<input type="text"/>

Override/Override	Unit 1	Unit 2
0 Not Applicable	<input type="text"/>	<input type="text"/>
1 No Override or Override	<input type="text"/>	<input type="text"/>
2 Override, Compartment Intrusion	<input type="text"/>	<input type="text"/>
3 Underdrive, No Compartment Intrusion	<input type="text"/>	<input type="text"/>
4 Underdrive, Compartment Intrusion Unknown	<input type="text"/>	<input type="text"/>
5 Override, Motor Vehicle in Transport	<input type="text"/>	<input type="text"/>
6 Override, Other Motor Vehicle	<input type="text"/>	<input type="text"/>
9 Unknown	<input type="text"/>	<input type="text"/>

Traffic Control	Unit 1	Unit 2
00 No Control	<input type="text"/>	<input type="text"/>
01 Stop Sign	<input type="text"/>	<input type="text"/>
02 Traffic Signal	<input type="text"/>	<input type="text"/>
03 Flashing Traffic Signal	<input type="text"/>	<input type="text"/>
04 School Zone Signs	<input type="text"/>	<input type="text"/>
05 Yield Sign	<input type="text"/>	<input type="text"/>
06 Warning Sign	<input type="text"/>	<input type="text"/>
07 Railroad Advance Warning Sign	<input type="text"/>	<input type="text"/>
08 Railroad Cross Bucks	<input type="text"/>	<input type="text"/>
09 Railroad Gates	<input type="text"/>	<input type="text"/>
10 Railroad Signal	<input type="text"/>	<input type="text"/>
11 No Passing Zone	<input type="text"/>	<input type="text"/>
12 Person (including flagger, law enforcement, crossing guard, etc.)	<input type="text"/>	<input type="text"/>
13 Abnormal Control	<input type="text"/>	<input type="text"/>
14 Other	<input type="text"/>	<input type="text"/>
99 Unknown	<input type="text"/>	<input type="text"/>

Road Surface Conditions	Unit 1	Unit 2
01 Dry	<input type="text"/>	<input type="text"/>
02 Wet	<input type="text"/>	<input type="text"/>
03 Ice/Frost	<input type="text"/>	<input type="text"/>
04 Snow	<input type="text"/>	<input type="text"/>
05 Mud, Dirt, Gravel	<input type="text"/>	<input type="text"/>
06 Slush	<input type="text"/>	<input type="text"/>
07 Water (standing, moving)	<input type="text"/>	<input type="text"/>
08 Sand	<input type="text"/>	<input type="text"/>
09 Oil	<input type="text"/>	<input type="text"/>
10 Other	<input type="text"/>	<input type="text"/>
99 Unknown	<input type="text"/>	<input type="text"/>

Road Character	Unit 1	Unit 2
1 Level	<input type="text"/>	<input type="text"/>
2 Hillcrest	<input type="text"/>	<input type="text"/>
3 Uphill	<input type="text"/>	<input type="text"/>
4 Downhill	<input type="text"/>	<input type="text"/>
5 Sag (bottom)	<input type="text"/>	<input type="text"/>

Road Alignment	Unit 1	Unit 2
1 Straight	<input type="text"/>	<input type="text"/>
2 Curve - Left	<input type="text"/>	<input type="text"/>
3 Curve - Right	<input type="text"/>	<input type="text"/>

Weather	Unit 1	Unit 2
01 Clear	<input type="text"/>	<input type="text"/>
02 Fog/Smog/Smoke	<input type="text"/>	<input type="text"/>
03 Cloudy	<input type="text"/>	<input type="text"/>
04 Rain	<input type="text"/>	<input type="text"/>
05 Snow	<input type="text"/>	<input type="text"/>
06 Sleet/Hail (Freezing Rain/Drizzle)	<input type="text"/>	<input type="text"/>
07 Severe Crosswind	<input type="text"/>	<input type="text"/>
08 Blowing Snow	<input type="text"/>	<input type="text"/>
09 Blowing Sand, Soil, Dirt	<input type="text"/>	<input type="text"/>
10 Other	<input type="text"/>	<input type="text"/>
99 Unknown	<input type="text"/>	<input type="text"/>

Locality	Unit 1	Unit 2
1 Residential	<input type="text"/>	<input type="text"/>
2 Business	<input type="text"/>	<input type="text"/>
3 Industrial	<input type="text"/>	<input type="text"/>
4 School	<input type="text"/>	<input type="text"/>
5 Not Built-up	<input type="text"/>	<input type="text"/>
6 Mixed Use	<input type="text"/>	<input type="text"/>
7 Other	<input type="text"/>	<input type="text"/>
9 Unknown	<input type="text"/>	<input type="text"/>

Type of Intersection	Unit 1	Unit 2
0 Not an Intersection	<input type="text"/>	<input type="text"/>
2 Y-Intersection	<input type="text"/>	<input type="text"/>
3 T-Intersection	<input type="text"/>	<input type="text"/>
4 Four-Way Intersection	<input type="text"/>	<input type="text"/>
5 Five-Point or More	<input type="text"/>	<input type="text"/>
6 Intersection as Part of Interchange	<input type="text"/>	<input type="text"/>
7 Traffic Circle	<input type="text"/>	<input type="text"/>
8 Roundabout	<input type="text"/>	<input type="text"/>
9 Unknown	<input type="text"/>	<input type="text"/>

What Vehicle Did	Unit 1	Unit 2
00 Not Applicable	<input type="text"/>	<input type="text"/>
01 Went Ahead	<input type="text"/>	<input type="text"/>
02 Turned Left	<input type="text"/>	<input type="text"/>
03 Turned Right	<input type="text"/>	<input type="text"/>
04 Entered "U" Turn	<input type="text"/>	<input type="text"/>
05 Stopped	<input type="text"/>	<input type="text"/>
06 Slowed	<input type="text"/>	<input type="text"/>
07 Started From Park/Stop	<input type="text"/>	<input type="text"/>
08 Entered Other Lane	<input type="text"/>	<input type="text"/>
09 Overtaking	<input type="text"/>	<input type="text"/>
10 Passing	<input type="text"/>	<input type="text"/>
11 Backed	<input type="text"/>	<input type="text"/>
12 Remained Stopped	<input type="text"/>	<input type="text"/>
13 Remained Parked	<input type="text"/>	<input type="text"/>
14 Entered/Merged	<input type="text"/>	<input type="text"/>
15 Departed Rdwy-Right	<input type="text"/>	<input type="text"/>
16 Departed Rdwy-Left	<input type="text"/>	<input type="text"/>
17 Swerved Right	<input type="text"/>	<input type="text"/>
18 Swerved Left	<input type="text"/>	<input type="text"/>
19 Parked	<input type="text"/>	<input type="text"/>
20 Other	<input type="text"/>	<input type="text"/>
99 Unknown	<input type="text"/>	<input type="text"/>

Visibility Obscured by	Unit 1	Unit 2
00 Not Applicable	<input type="text"/>	<input type="text"/>
01 Trees	<input type="text"/>	<input type="text"/>
02 Embankment	<input type="text"/>	<input type="text"/>
03 Building	<input type="text"/>	<input type="text"/>
04 Signs	<input type="text"/>	<input type="text"/>
05 Parked Vehicles	<input type="text"/>	<input type="text"/>
06 High Weeds	<input type="text"/>	<input type="text"/>
07 Fences	<input type="text"/>	<input type="text"/>
08 Shrubbery	<input type="text"/>	<input type="text"/>
09 Ice, Snow or Frost on Windows	<input type="text"/>	<input type="text"/>
10 Smoke	<input type="text"/>	<input type="text"/>
11 Fog	<input type="text"/>	<input type="text"/>
12 Dust	<input type="text"/>	<input type="text"/>
13 Rain	<input type="text"/>	<input type="text"/>
14 Sun	<input type="text"/>	<input type="text"/>
15 Other	<input type="text"/>	<input type="text"/>
99 Unknown	<input type="text"/>	<input type="text"/>

Driver Distracted by	Unit 1	Unit 2
0 Not Applicable/None	<input type="text"/>	<input type="text"/>
1 Electronic Communication Devices	<input type="text"/>	<input type="text"/>
2 Other Electronic Device	<input type="text"/>	<input type="text"/>
3 Other Inside Vehicle	<input type="text"/>	<input type="text"/>
4 Other Outside Vehicle	<input type="text"/>	<input type="text"/>
9 Unknown	<input type="text"/>	<input type="text"/>

Trafficway	Unit 1	Unit 2
0 Not Applicable	<input type="text"/>	<input type="text"/>
1 One Way	<input type="text"/>	<input type="text"/>
2 Two-Way - Not Divided	<input type="text"/>	<input type="text"/>
3 Two-Way - Divided	<input type="text"/>	<input type="text"/>
4 Two-Way - Divided - Positive Median Barrier	<input type="text"/>	<input type="text"/>
5 Turn Lane	<input type="text"/>	<input type="text"/>
6 Ramp / Loop	<input type="text"/>	<input type="text"/>
7 Driveway	<input type="text"/>	<input type="text"/>
8 Alley / Parking Lot	<input type="text"/>	<input type="text"/>
9 Unknown	<input type="text"/>	<input type="text"/>

Vehicle Removal	Unit 1	Unit 2
0 Not Applicable	<input type="text"/>	<input type="text"/>
1 Towed Due to Vehicle Damage	<input type="text"/>	<input type="text"/>
2 Towed For Reasons Other Than Damage	<input type="text"/>	<input type="text"/>
3 Remained at Scene	<input type="text"/>	<input type="text"/>
4 Driven from Scene	<input type="text"/>	<input type="text"/>
9 Unknown	<input type="text"/>	<input type="text"/>

Vehicle Condition	Unit 1	Unit 2
00 Not Applicable	<input type="text"/>	<input type="text"/>
01 Apparently Normal	<input type="text"/>	<input type="text"/>
02 Brakes	<input type="text"/>	<input type="text"/>
03 Headlights	<input type="text"/>	<input type="text"/>
04 Steering	<input type="text"/>	<input type="text"/>
05 Tail Lights	<input type="text"/>	<input type="text"/>
06 Brake Lights	<input type="text"/>	<input type="text"/>
07 Tires/Wheels	<input type="text"/>	<input type="text"/>
08 Suspension	<input type="text"/>	<input type="text"/>
09 Signal lights	<input type="text"/>	<input type="text"/>
10 Windows	<input type="text"/>	<input type="text"/>
11 Truck Coupling/Trailer Hitch/Safety Chains	<input type="text"/>	<input type="text"/>
12 Mirrors	<input type="text"/>	<input type="text"/>
13 Wipers	<input type="text"/>	<input type="text"/>
14 Power Train	<input type="text"/>	<input type="text"/>

Special Function of Vehicle	Unit 1	Unit 2
00 Not Applicable	<input type="text"/>	<input type="text"/>
01 School Bus	<input type="text"/>	<input type="text"/>
02 Transit Bus	<input type="text"/>	<input type="text"/>
03 Intercity Bus	<input type="text"/>	<input type="text"/>
04 Charter Bus	<input type="text"/>	<input type="text"/>
05 Other Bus	<input type="text"/>	<input type="text"/>
06 Military	<input type="text"/>	<input type="text"/>
07 OHP	<input type="text"/>	<input type="text"/>
08 Other Police	<input type="text"/>	<input type="text"/>
09 Other Law Enforcement	<input type="text"/>	<input type="text"/>
10 Ambulance	<input type="text"/>	<input type="text"/>
11 Fire Truck	<input type="text"/>	<input type="text"/>
12 Public Owned Vehicle	<input type="text"/>	<input type="text"/>
13 Highway Equipment	<input type="text"/>	<input type="text"/>
14 Special Mobilized Machine	<input type="text"/>	<input type="text"/>
15 Other	<input type="text"/>	<input type="text"/>

Emergency Vehicle Responding to an Emergency	Unit 1	Unit 2
0 N/A	<input type="text"/>	<input type="text"/>
1 Yes	<input type="text"/>	<input type="text"/>
2 No	<input type="text"/>	<input type="text"/>
9 Unknown	<input type="text"/>	<input type="text"/>

Unsafe / Unlawful Contributing Factors	Unit 1	Unit 2
FAILED TO YIELD	<input type="text"/>	<input type="text"/>
01 From Stop Sign	<input type="text"/>	<input type="text"/>
02 From Yield Sign	<input type="text"/>	<input type="text"/>
03 Private Drive	<input type="text"/>	<input type="text"/>
04 County Road at Through Highway	<input type="text"/>	<input type="text"/>
05 From Signal Light	<input type="text"/>	<input type="text"/>
06 From Alley	<input type="text"/>	<input type="text"/>
07 To Pedestrian	<input type="text"/>	<input type="text"/>
08 To Vehicle on Right	<input type="text"/>	<input type="text"/>
09 To Vehicle in Intersection	<input type="text"/>	<input type="text"/>
10 To Emergency Vehicles	<input type="text"/>	<input type="text"/>
12 Other	<input type="text"/>	<input type="text"/>
FOLLOWED TOO CLOSELY	<input type="text"/>	<input type="text"/>
13 Human Element	<input type="text"/>	<input type="text"/>
14 Traffic Condition	<input type="text"/>	<input type="text"/>
15 Weather Condition	<input type="text"/>	<input type="text"/>
UNSAFE SPEED	<input type="text"/>	<input type="text"/>
16 Driver's Ability (Aged)	<input type="text"/>	<input type="text"/>
17 Inexperienced Driver - Young	<input type="text"/>	<input type="text"/>
18 Exceeding Legal Limit	<input type="text"/>	<input type="text"/>
19 For Traffic Conditions	<input type="text"/>	<input type="text"/>
20 For Type of Roadway (Gravel, Dirt, etc.)	<input type="text"/>	<input type="text"/>
21 For Ice or Snow on Roadway	<input type="text"/>	<input type="text"/>
22 Rain or Wet Roadway	<input type="text"/>	<input type="text"/>
23 Wind	<input type="text"/>	<input type="text"/>
24 Other Weather Conditions	<input type="text"/>	<input type="text"/>
25 Vehicle Condition	<input type="text"/>	<input type="text"/>
26 View Obstruction	<input type="text"/>	<input type="text"/>
27 On Curve/Turn	<input type="text"/>	<input type="text"/>
28 Impeding Traffic	<input type="text"/>	<input type="text"/>
29 Other	<input type="text"/>	<input type="text"/>
IMPROPER TURN	<input type="text"/>	<input type="text"/>
30 From Wrong Lane	<input type="text"/>	<input type="text"/>
31 From Direct Course	<input type="text"/>	<input type="text"/>
32 Right	<input type="text"/>	<input type="text"/>
33 Left	<input type="text"/>	<input type="text"/>
34 Turn About/U-Turn	<input type="text"/>	<input type="text"/>
35 To Enter Private Drive	<input type="text"/>	<input type="text"/>
36 In Front of Oncoming Traffic	<input type="text"/>	<input type="text"/>
37 Other	<input type="text"/>	<input type="text"/>
CHANGED LANES UNSAFELY	<input type="text"/>	<input type="text"/>
38 STOPPED IN TRAFFIC LANE	<input type="text"/>	<input type="text"/>
FAILED TO STOP	<input type="text"/>	<input type="text"/>
40 For Stop Sign	<input type="text"/>	<input type="text"/>
41 For Traffic Signal	<input type="text"/>	<input type="text"/>
42 For School Bus	<input type="text"/>	<input type="text"/>
43 For Railroad Gates/Signal	<input type="text"/>	<input type="text"/>
44 For Officer/Flagman	<input type="text"/>	<input type="text"/>
45 At Sidewalk/Stopline	<input type="text"/>	<input type="text"/>
46 Other	<input type="text"/>	<input type="text"/>
UNSAFE VEHICLE	<input type="text"/>	<input type="text"/>
47 Brakes	<input type="text"/>	<input type="text"/>
48 Steering	<input type="text"/>	<input type="text"/>
POINT OF FIRST CONTACT ON VEHICLE	<input type="text"/>	<input type="text"/>
00 Not Applicable	<input type="text"/>	<input type="text"/>
13 Top	<input type="text"/>	<input type="text"/>
14 Undercarriage	<input type="text"/>	<input type="text"/>
99 Unknown	<input type="text"/>	<input type="text"/>



